

**Application for Headstone for a Deceased Service Person's Grave**  
Under Section 426 of the General Code of 1929, as amended:

Part I – Affidavit supporting Headstone Application for Deceased Service Person

A. I (We) hereby make application for an allowance not to exceed \$ \_\_\_\_\_ toward a  
FAMILY MEMORIAL \_\_\_\_\_, LETTERING on EXISTING MEMORIAL \_\_\_\_\_ or a BASE for a  
GOVERNMENT HEADSTONE \_\_\_\_\_, on the grave of \_\_\_\_\_  
whose service was as follows:

ENLISTED : Date \_\_\_\_\_ Place \_\_\_\_\_

DISCHARGED: Date \_\_\_\_\_ Place \_\_\_\_\_

Veteran was a legal resident of the State of \_\_\_\_\_ at time of enlistment.

RANK: \_\_\_\_\_ Serial Number: \_\_\_\_\_

ORGANIZATIONS SERVED WITH \_\_\_\_\_

TYPE OF DISCHARGE \_\_\_\_\_

B. Give the following information about veteran's death and burial:

Death Date: \_\_\_\_\_ Place: \_\_\_\_\_

Burial Date: \_\_\_\_\_ Name of Cemetery: \_\_\_\_\_

Location of Cemetery: \_\_\_\_\_

(City or Town)

(Township or Borough)

Location of Grave: Section \_\_\_\_\_ Range \_\_\_\_\_ Lot \_\_\_\_\_ Grave \_\_\_\_\_

C. The veteran was born on: \_\_\_\_\_, at \_\_\_\_\_

D. The veteran was a legal resident of Northampton County at the time of his or her death and lived in  
Northampton County for \_\_\_\_\_ years \_\_\_\_\_ months immediately preceding death.

(Signature) \_\_\_\_\_

Address: \_\_\_\_\_

Relation to Veteran: \_\_\_\_\_

Part II-CERTIFICATION OF SERVICE

(To be completed by Director of Veterans Affairs)

I certify that I have the proof of service of the within named veteran, and find that the statements made herein  
are correct, and such service during the \_\_\_\_\_ War and residence at the  
time of death entitles the applicant to the benefits of Sec. 426 of the General County Code of 1929, as amended.

Title: Director of Veterans Affairs

(To be detached by VA office and forwarded to the contractor)

ERECTION AUTHORIZATION

You are hereby authorized to \_\_\_\_\_ on Grave No \_\_\_\_\_ Lot No \_\_\_\_\_  
Range No \_\_\_\_\_ Section \_\_\_\_\_ in \_\_\_\_\_ Cemetery located  
in \_\_\_\_\_, PA, as per your \_\_\_\_\_ amounting to \$ \_\_\_\_\_

The memorial is to be inscribed as follows: \_\_\_\_\_  
(Name of Veteran)

(Year of Birth)

(Year of Death)

(Rank)

(War)

[ \_\_\_\_\_ ]

COUNTY OF NORTHAMPTON  
DEPT OF VETERANS AFFAIRS  
HUMAN SERVICES BUILDING  
2801 EMRICK BLVD  
BETHLEHEM PA 18020-8015

[ \_\_\_\_\_ ]

INSTRUCTIONS

1. A Deceased Service Person is defined as any soldier, sailor, marine, yeoman (f) or nurse who has served with the combative forces of the United States during any war or campaign in which the United States has been engaged and who has been honorably discharged from such periods of service, according to the records of the War or Navy Departments. (Sec. 421. General County Code of 1929, as amended.)
2. Application for Allowance Toward Family Memorial, Lettering on Existing Memorial; or Concrete Base for Government Headstone shall be made by any relative or friend of the deceased service person. Application must be approved by the County VA Director before the commencement of the work to be performed. No application will be given consideration unless fully completed.
3. A certified copy of the public record of death must be attached to this application, if procurable, unless same has been previously furnished to the County VA Director with the application for Burial Allowance.
4. Affidavit as to the Completion of the Work is required from the contractor.

(To be returned by contractor on the completion of the work.)

**CERTIFICATION**

To the Director of Veterans Affairs of Northampton County, Bethlehem, PA:

I certify that I have \_\_\_\_\_ on the grave of \_\_\_\_\_

at the cost of \$ \_\_\_\_\_, as per the Authorization appearing on the reverse of this form.

\_\_\_\_\_  
(Name of the firm)

By \_\_\_\_\_

(NOTE: Payment of this account will not be made until this completed form is returned by the contractor.)